



MISSOURI DEPARTMENT OF NATURAL RESOURCES
SOLID WASTE MANAGEMENT PROGRAM
P.O. BOX 176, JEFFERSON CITY, MISSOURI 65102
WASTE TIRE TRACKING FORM

REFERENCE NUMBER

1. HAULER SECTION - FILL OUT ONE FORM PER LOAD OF WASTE TIRES.

COMPANY NAME	OWNER NAME	PERMIT NUMBER	
MAILING ADDRESS		TELEPHONE NUMBER ()	
CITY	COUNTY	STATE	ZIP CODE

HAULER CERTIFICATION: I DECLARE THAT I HAVE RECEIVED WASTE TIRES AS OFFERED BY THE FOLLOWING GENERATOR(S) FOR DELIVERY TO THE FOLLOWING RECEIVER AND THAT THE INFORMATION CONTAINED IN PARTS 1, 2 AND 3 IS CORRECT AND COMPLETE.

SIGNATURE	DATE
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2. GENERATOR SECTION - MUST BE FILLED OUT ENTIRELY - IF YOU ARE BOTH GENERATOR AND HAULER, FILL OUT SECTIONS ONE AND TWO

COMPANY NAME	MAILING ADDRESS	CITY	STATE	ZIP
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GENERATOR CERTIFICATION: I DECLARE THAT THE INFORMATION BELOW IS CORRECT AND COMPLETE.

SIGNATURE	DATE
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NUMBER OR WEIGHT OF TIRES SHIPPED	TRUCK	PASSENGER	OFF THE ROAD	DATE
NUMBER OR WEIGHT OF TIRES GIVEN TO END USERS OR HELD FOR REUSE OR RESALE	TRUCK	PASSENGER	OFF THE ROAD	DATE

COMPANY NAME	MAILING ADDRESS	CITY	STATE	ZIP
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GENERATOR CERTIFICATION: I DECLARE THAT THE INFORMATION BELOW IS CORRECT AND COMPLETE.

SIGNATURE	DATE
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SIGNATURE	DATE
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COMPANY NAME	MAILING ADDRESS	CITY	STATE	ZIP
GENERATOR CERTIFICATION: I DECLARE THAT THE INFORMATION BELOW IS CORRECT AND COMPLETE.				
SIGNATURE				DATE
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COMPANY NAME	MAILING ADDRESS	CITY	STATE	ZIP
GENERATOR CERTIFICATION: I DECLARE THAT THE INFORMATION BELOW IS CORRECT AND COMPLETE.				
SIGNATURE				DATE
NUMBER OR WEIGHT OF TIRES SHIPPED	TRUCK	PASSENGER	OFF THE ROAD	DATE
NUMBER OR WEIGHT OF TIRES GIVEN TO END USERS OR HELD FOR REUSE OR RESALE	TRUCK	PASSENGER	OFF THE ROAD	DATE
3. RECEIVER SECTION (PROCESSOR, END USER, EXEMPT PERSON OR LANDFILL) MUST BE FILLED OUT ENTIRELY				
COMPANY NAME	OWNER NAME	PERMIT/REGISTRATION NUMBER		
MAILING ADDRESS	CITY	STATE	ZIP	
NUMBER OR WEIGHT OF TIRES RECEIVED	TRUCK	PASSENGER	OFF THE ROAD	DATE
I DECLARE THAT THE INFORMATION CONTAINED ABOVE IS CORRECT AND COMPLETE.				
SIGNATURE				DATE
COMPANY NAME	OWNER NAME	PERMIT/REGISTRATION NUMBER		
MAILING ADDRESS	CITY	STATE	ZIP	
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SIGNATURE				DATE
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